

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036729

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
1003  
9326  
FILED OCT 3 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in lb 5 WEEKS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN FESTUS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 213 SOUTH FOURTH ST.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST NANCY SMITH		4. DATE OF DEATH Month Day Year SEPTEMBER 24 1962	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB. 26, 1875 87
9. AGE (last birthday) Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) MINERAL POINT, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN BINGHAM	13b. MOTHER'S MAIDEN NAME EMILY BURK	14. NAME OF HUSBAND OR WIFE EDWARD K. SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address MRS. MABEL CASEY, 215 S. FOURTH, FESTUS.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CATARRH OF LIVER Gonorrhea, many, with complications, due to (b) ANEMIA, ETIOLOGY UNDETERMINED stating the underlying cause last. DUE TO (c) 293 x F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE OF RIGHT HIP. MULTIPLE PULMONARY EMBOLI PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS 4 YEARS
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) WHILE HELPING HER HUSBAND OUT OF AMBULANCE AT	
20c. TIME OF INJURY Approx 5 P.M.	Month, Day, Year 8/11/62	ENTRANCE OF BARNES HOSPITAL EMERGENCY ROOM, THE PATIENT TRIPPED ON STEP TWISTING RIGHT LEG.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital	20f. CITY, TOWN, OR LOCATION ST. LOUIS,	COUNTY STATE MISSOURI
21. I attended the deceased from AUGUST 11, 1962 to SEPT. 24, 1962 and last saw her alive on SEPT. 24, 1962 Death occurred at 6:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. D. Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 9/25/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT. 30, 1962	23c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON COUNTY, MO.
24. FUNERAL DIRECTOR VINYARD FUNERAL HOME, INC., FESTUS, MO.	25. DATE RECD. BY LOCAL REG. SEP 28 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Frederic B. Vinson*

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.